

This is an official DHEC Health Advisory

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Changes in Influenza Surveillance for the 2004 –2005 Influenza Season

Change in the Reporting of Positive Rapid Influenza Tests

For the 2004-2005 influenza season DHEC is **NOT** requiring named reporting of positive rapid influenza test results. **Beginning Monday October 4, 2004**, only weekly reports mailed, faxed or emailed to the local health department of:

- Number of positive rapid influenza tests by facility/practice, and
- Type of influenza being identified (influenza A, influenza B, A/B) during the reporting period, are required to be reported.

To assist facilities/practices in reporting, DHEC is providing the following worksheet for use in compiling weekly counts prior to weekly submission. This worksheet is offered as an alternative to submitting named reporting via the 2004 SC Department of Health and Environmental Control Disease Reporting Cards (DHEC 1129 cards) when reporting positive influenza rapid test results.

- This criterion is **only** to be used for reporting of positive rapid influenza tests and does not take the place of reporting positive influenza viral culture results, which are still reportable using the DHEC 1129 cards.

Emphasis on Reporting of Influenza-associated pediatric deaths

- **Any** unusual cluster of respiratory illness or laboratory-confirmed influenza virus infection among children younger than 18 years of age are required to be reported to your local health department (see below for contact numbers) and may require additional investigation.
- **Any** influenza-associated pediatric death is urgently reportable (within 24 hours) by phone to your local health department (see below for contact numbers) and may require additional investigation and collection of clinical information to evaluate cause of death.

General Information Regarding Influenza Diagnosis, Surveillance and Testing

Appropriate treatment of patients with respiratory illness depends on accurate and timely diagnosis. Early diagnosis of influenza can reduce the inappropriate use of antibiotics and provide the option of using antiviral therapy. However, because certain viral and bacterial infections can produce symptoms similar to influenza, bacterial infections should be considered and appropriately treated, if suspected. In addition, such infections can occur as a complication of influenza.

Influenza surveillance information and diagnostic testing can aid clinical judgment and help guide treatment decisions. The accuracy of clinical diagnosis of influenza on the basis of symptoms alone is limited because symptoms from illness caused by other pathogens can overlap considerably with influenza. Influenza surveillance by state and local health departments and CDC can provide information regarding the presence of influenza viruses in the community. Surveillance can also identify the predominant circulating types, subtypes, and strains of influenza.

Despite the availability of rapid diagnostic tests, collecting clinical specimens for viral culture is critical, because only culture isolates can provide specific information regarding circulating influenza subtypes and strains. This information is needed to compare current circulating influenza strains with vaccine strains, to guide decisions regarding influenza treatment and chemoprophylaxis, and to formulate vaccine for the coming year. Virus isolates also are needed to monitor the emergence of antiviral resistance and the emergence of novel influenza A subtypes that might pose a pandemic threat.

Overview of South Carolina Influenza Surveillance for the 2004-2005 season

It is important to remember that influenza surveillance in South Carolina can answer the questions of where, when, and what influenza viruses are circulating. It also can be used to determine if influenza activity is increasing or decreasing, but cannot be used to ascertain how many people have become ill with influenza during the influenza season.

For the coming season, influenza surveillance in South Carolina will consist of three components:

Positive culture results for influenza type-A, type-B

Virus culture is the gold standard in confirming cases of influenza type -A and -B because it is more sensitive than rapid influenza tests. Identification of the particular strain of influenza is available only through this method, and can aid in outbreak tracking. Viral culture can also be used to identify other viruses that cause clinical symptoms similar to the influenza.

Participation in the U.S. Influenza Sentinel Providers Surveillance Network

Volunteer healthcare providers in South Carolina report the total number of patients seen and the number of those patients with influenza-like illness (ILI) by age group on a weekly basis. For this system, ILI is defined as fever (temperature of >100°F) plus either a cough or a sore throat. The percentage of patient visits to sentinel providers for ILI reported each week is weighted on the basis of state population. This percentage is compared each week with the national baseline of 2.5%. Providers interested in participating in this voluntary program can obtain additional information by contacting their local health department (see below for contact numbers).

Positive rapid influenza test results

Commercial rapid diagnostic tests are available that can be used by laboratories in outpatient and emergency department settings to detect influenza viruses within 30 minutes. These rapid tests differ in the types of influenza viruses they can detect and whether they can distinguish between influenza types. Different tests can detect 1) only influenza A viruses; 2) both influenza A and B viruses, but not distinguish between the two types; or 3) both influenza A and B and distinguish between the two. The specificity and, in particular, the sensitivity of rapid tests are lower than for viral culture and vary by test. Because of the lower sensitivity of the rapid tests, physicians should consider confirming negative tests with viral culture or other means.

Additional information

For information about influenza and surveillance activities in South Carolina, please visit: www.scdhec.com

For national and international information about influenza and steps to protect individuals and families, visit both the Centers for Disease Control and Prevention (www.cdc.gov) and the World Health Organization (<http://www.who.int/topics/influenza/en/>) websites for the latest information.

Weekly worksheet for the reporting of positive rapid influenza test results



Guidance for use of this worksheet:

1. This does not take the place of reporting positive influenza viral culture results, which are still reportable using the DHEC 1129 Cards.
2. Fax or email this information **NO LATER THAN NOON ON THE MONDAY OF THE FOLLOWING WEEK** to the District-specific Health Department fax/phone/addresses (see below). These contact numbers are also available at: http://www.scdhec.com/hs/diseasecont/docs/2004SC_ReportableDiseases.pdf
3. This worksheet is offered as an alternative to submitting patient-specific 2004 SC Department of Health and Environmental Control Disease Reporting Cards (DHEC 1129 cards) when reporting Influenza, positive rapid test results.
4. Facilities using this worksheet are required to enter the:
 - a. Reporting period (week beginning on Sunday),
 - b. Facility/Practice name,
 - c. County in which the facility/practice resides, and
 - d. Influenza type being identified (e.g. Influenza A, Influenza B, Influenza A/B, or unknown).
5. If methodologies change such that a different influenza type is being identified during the influenza season, please update the "type of influenza being identified" section of this worksheet prior to weekly submission.

For the week beginning _____ (Sunday – Saturday)

Reporting Facility/Practice: _____

County: _____

Type of influenza (A, B, A or B, or unknown) being identified via test methodology: _____

	Positive for Influenza A	Positive for Influenza B	Positive for Influenza A or B
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
<u>Weekly Totals</u>			

DHEC Contact Information for Reportable Diseases and Reporting Requirements

Reporting of positive rapid influenza tests is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2004 List of Reportable Conditions available at: <http://www.scdhec.net/hs/diseasecont/disease.htm>.

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

District Public Health Offices

Mail or call reports to the District Epidemiology/Disease Reports office in each district.

**Appalachia I
(Anderson, Oconee)**

220 McGee Road
Anderson, SC 29625
Phone: (864) 231-1966
Fax: (864) 260-5623
Nights / Weekends: 1-(866)-298-4442

**Appalachia II
(Greenville, Pickens)**

PO Box 2507
200 University Ridge
Greenville, SC 29602-2507
Phone: (864) 282-4139
Fax: (864) 282-4373
Nights / Weekends: (864) 460-5355 or
1-800-993-1186

**Appalachia III
(Cherokee, Spartanburg, Union)**

PO Box 4217
151 E. Wood Street
Spartanburg, SC 29305-4217
Phone: (864) 596-2227 ext. 210
Fax: (864) 596-3443
Nights / Weekends: (864) 809-3825

**Catawba
(Chester, Lancaster, York)**

PO Box 817
1833 Pageland Highway
Lancaster, SC 29721
Phone: (803) 283-3175
Fax: (803) 283-0572
Nights / Weekends: 1-(866)-867-3886 or
1-(888)-739-0748

**Edisto Savannah
(Aiken, Allendale, Barnwell)**

1680 Richland Avenue, W. Suite 40
Aiken, SC 29801
Phone: (803) 642-1618
Fax: (803) 642-1619
Nights / Weekends: (803) 827-8668 or
1-800-614-1519

**Edisto Savannah
(Bamberg, Calhoun, Orangeburg)**

PO Box 1126
1550 Carolina Avenue
Orangeburg, SC 29116
Phone: (803) 533-7199
Fax: (803) 536-9118
Nights / Weekends: (803) 954-8513

**Low Country
(Beaufort, Colleton, Hampton, Jasper)**

1407 King Street
Beaufort, SC 29902
Phone: (843) 525-7603
Fax: (843) 525-7621
Nights / Weekends: 1-800-614-4698

**Palmetto
(Fairfield, Lexington, Newberry, Richland)**

2000 Hampton Street
Columbia, SC 29204
Phone: (803) 576-2749
Fax: (803) 576-2993
Nights / Weekends: (803) 304-4252

**Pee Dee
(Chesterfield, Darlington, Dillon,
Florence, Marlboro, Marion)**

145 E. Cheves Street
Florence, SC 29506
Phone: (843) 661-4830
Fax: (843) 661-4859
Nights / Weekends: (843) 660-8145

**Trident
(Berkeley, Charleston, Dorchester)**

4050 Bridge View Drive, Suite 600
N. Charleston, SC 29405
Phone: (843) 746-3832
Fax: (843) 746-3851
Nights / Weekends: (843) 219-8470

**Upper Savannah
(Abbeville, Edgefield, Greenwood,
Laurens, McCormick, Saluda)**

PO Box 3227
1736 S. Main Street
Greenwood, SC 29646
Phone: 1-888-218-5475
Fax: (864) 942-3690
Nights / Weekends: 1-800-420-1915

**Waccamaw
(Georgetown, Horry, Williamsburg)**

2830 Oak Street
Conway, SC 29526-4560
Phone: (843) 365-3126
Fax: (843) 365-3153
Nights / Weekends: (843) 381-6710

**Wateree
(Clarendon, Kershaw, Lee, Sumter)**

PO Box 1628
105 North Magnolia Street
Sumter, SC 29150
Phone: (803) 773-5511
Fax: (803) 773-6366
Nights / Weekends: 1-(877)-831-4647

Bureau of Disease Control

Acute Disease Epidemiology Division
1751 Calhoun Street
Box 101106
Columbia, SC
Phone: (803) 898-0861
Fax: (803) 898-0897
Nights / Weekends: 1-888-847-0902